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ABSTRACT

Presented are findings from interviews with equal numbers of mothers in one- and two-parent families who arranged for child care with licensed day care centers, licensed family day care homes, or unlicensed family day care homes. After a brief review of the literature on parents as consumers of day care services, discussion focuses on: (1) parents' preferences and attitudes toward day care alternatives and their current day care arrangements; (2) parents' search strategies, selection of care, and the interface of day care and employment patterns; (3) parents' perceptions of their day care arrangement and characteristics of and satisfaction with the caregiver; and (4) parents' attitudes toward employment, working mothers, and desired changes in day care services and benefits. Findings suggesting the ecological complexity of day care are discussed in terms of the three types of care used by the families. It is concluded that research or policy questions which claim to identify the best type of day care appear extremely limited against an ecological backdrop. The complexity of day care and day care selection is more appropriately viewed as that of a "best fit," as opposed to a singular definition of "best." Any family's best fit will be unique even though the type of care used may be the same as another family's. Forty-six references and 17 tables are appended. (RH)

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Parents of Children in Three Types of Day Care: The Victoria Day Care Research Project

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Parents are often the "silent partners" in studies on day care. Results from the Victoria Day Care Research Project, which focussed on the research triad of parents-children-caregivers, indicate that there are significant differences among parents who use licensed center based day care, licensed family day care homes, and unlicensed family day care homes. Similarities and differences among these three parent groups is presented and discussed.

Parents of Children in Three Types of Day Care: The Victoria Day Care Research Project

Parents are often the "silent partners" in studies focussing on children in different types of day care. The physical and human environment of the caregiving arrangement or the effects of care on child development more often serve as the foci of studies on children in different kinds of day care arrangements. In contrast, the characteristics of the parents of the children in different types of day care have been studied far less frequently and in much less detail. Relatively little is known regarding the broader familial and parental contexts in which the child's day care experiences are embedded. In an attempt to fill this gap, the Victoria Day Care Research Project adopted an ecological orientation to the study of day care, employing as the interactional unit of interest the parent-child-caregiver triad in three types of day care arrangements: licensed day care centers, licensed family day care homes and unlicensed family day care homes. This report will focus on the often times missing element of that triad, parents.

Information on the parents and families of the children was gathered by means of a structured interview which addressed a wide range of perceptions, beliefs, behaviors and socio-demographic variables. In this paper we present and

discuss the findings from parent interviews in four key areas: a) parental preferences and attitudes towards day care alternatives and their own current day care arrangements; b) parental search strategies, selection of care and the interface of day care and employment patterns; c) parental perceptions of the day care arrangement and characteristics of and satisfaction with the caregiver; and d) parental attitudes towards employment, working mothers and desired changes in day care services and benefits.

Before describing the design and results of the parent component of the Victoria Day Care Research Project, a brief review of the literature on parents as consumers of day care services will be considered.

RESEARCH REVIEW

The research literature at the nexus of parents and types of day care can be classified into four major categories. These four vary in the extent to which they focus on the parents of children in care and in the range of caregiving arrangements under study.

The first set of studies has explored the issue of alternative types of care primarily or exclusively from either a child-specific or setting-specific perspective. Early reports of this type include Dittman (1967), Prescott (1972, 1973), Feine

(1973) and Lippman and Grote (1974). Later studies include Cochran (1977), Gunnarson (1978), Doyle (1975), Fowler (1978), Howes and Rubenstein (1978), Clarke-Stewart (1981), and Clarke-Stewart and Gruber (1984).

These studies have helped to establish the nature and range of differences that often exist between various types of day care environments. While increasingly sophisticated methodological approaches (e.g. Clarke-Stewart) have yielded fine-grained information on the nature of child-child and child-adult interactions in different types of day care, the precise effects of these differences on child development are far less clear. Further, these studies do not address questions regarding the interaction of type of care with parental educational and economic background as well as the parents' need, preference and satisfaction level with their current day care arrangement. These factors could account for the greater within group variance than between group variance noted by both Howes and Rubenstein (1978) and Belsky (1984).

The second set of studies, in a somewhat reversed pattern to the first, focuses largely on one type of care but addresses a wider range of parental factors. This body of research includes Winetsky's (1978) work on parental expectations of their children in preschool settings, Long's (1984) and Stith and Davis's (1984) study of children's behaviours in their home and family day care settings, and a parallel body of work on children in their home

and day care center environments conducted by Howes, Goldenberg, Golub, Lee & Olenick (1984) and Lee, Howes, Goldenberg, Golub and Olenick (1984). Johnson (1977,1978) focussed on parent-users of family day care in a large scale Canadian study. Powell (1978), Winkelstein (1981) and Zigler and Turner (1984) have addressed questions regarding the communication patterns between parents and day care center staff. Powell's research includes his examination of the continuity in child management techniques between parents and center staff as well as the search strategies parents use in locating their desired child care arrangements (Powell & Eisenstadt, 1982, 1983).

Taken together, these studies begin to suggest the complexity in studying the range of parental demographic and attitudinal factors as they interact with various day care arrangements. For example, in the areas of communication patterns and shared beliefs on child management between parents and day care center staff, Powell (1978) concluded that the social world of children in day care centers "is one of fragmentation and discontinuity...a disconnected one, with the child's family, other children's families, and the day care center functioning as independent, detached systems" (p.687). It is not clear, however, (a) whether this sense of "discontinuity" is related to other aspects of parental perceptions and expectations and (b) whether this description would characterize the nature of home-caregiver relations in other day care settings.

A third set of studies devotes considerable attention to a range of parental factors and includes a wider range of types of care. These studies can be differentiated into two sub-sets: (1) large national or regional surveys of types of care being used and parental reasons for selecting these arrangements; (2) smaller scale, detailed studies of parental and familial characteristics within and across two or more predetermined caregiving types. These sub-sets will be considered in turn.

The large-scale survey approach has a long history in North America. One of the earliest of these (Ruderman, 1968) focused on "patterns of need, usage and preference." (1968, p.3). Often, these large scale surveys have provided a data base for subsequent reports. For example, the National Child Care Consumer Study (1975), known as "UNCO", provided the basis for Moore's (1980) report on amount and type of care used as related to familial socio-demographic factors as well as Alexander and Markowitz's work (1982) on maternal attitudes towards government regulation of day care. Similarly, Lehrer's (1983) study of the determinates of child care mode choice is based on the data gathered as part of the National Survey of Family Growth (1973). Examples of surveys undertaken at regional levels include the Saskatchewan Day Care Needs and Demands Study (1978) and Triplett's (1974) survey in North Carolina. These and other regional studies have had a similar focus to Ruderman's work (1968), namely an emphasis on patterns of need, usage, and

preference.

One principal value of the survey studies has been to establish the fuller context of caregiving into which more focussed studies of specific factors in different types of care can be examined. For example, while center (group) day care has traditionally dominated much of the research literature, and to a large degree policy discussions as well, most of the large scale surveys cited above have revealed the fact that such care provides for only a minority of children in either the United States or Canada (NDCHS, Vol.1, Fosburg, 1971; Health and Welfare Canada, 1982,1983). Conversely, the majority of children in need of part- and full-time day care are currently being served in a range of child's own home or other home-based caregiving arrangements. The nature and specific characteristics of that range operating within a varying set of governmental restrictions and regulations (from none to extensive) has only recently begun to attract research attention. A second contextual value provided by survey studies of parental need and usage patterns provides preliminary data with which to respond to a relevant policy question posed by Bronfenbrenner in 1974: "What types of families use what kinds of day care facilities?" (1974, p.2.). This preliminary data must be followed up by more in-depth studies. Bronfenbrenner's question acknowledges the wide range of both family structures and day care alternatives and can give new meaning and a clearer focus to issues of day care "needs" and appropriate service

delivery models for discussion by policy makers.

In contrast to the large scale survey approach, the second sub-set of studies in this third category is the parent-focussed study with a smaller sample size drawn from parent-users of different types of care. Studies in this sub-set would include Winett, Fuchs, Moffat and Nerviano (1977), Lero (1981), Molnar (1982), Schwarz (1983) and the current study (Pence & Goelman, 1982, and Goelman & Pence, 1985).

Of these studies, Lero (1981), Molnar (1982) and Schwarz (1983) include the broadest base of data on parents and the base most similar to the Victoria Day Care Research Project. The range and depth of data collected in these "cross-type" studies is comparable to some of the research cited above from the second major category, those studies which focused on parental background variables in specific types of care (e.g. Powell, 1977 on center care, and Johnson, 1977, 1978 on family day care.) It should be pointed out that Schwarz (1983) should be differentiated from the Lero (1981) and Molnar (1982) studies in their respective treatment of the parental data which they gathered. Schwarz used these data to create equivalent family day care, center care and home care groups by covarying out the possible effects of family background variables. Conversely, Lero and Molnar examined these specific parental demographic and attitudinal factors in depth in order to discern both overt and subtle differences between the users of different types of care.

One advantage to the cross-type study is the ability to compare parent groups for similarity and differences in background, attitudes and values and the degree to which these factors relate to selection of certain types of care. As discussed above, Bronfenbrenner (1974) has raised the important, and still largely unanswered, question regarding the interaction of family structure and background with parental choice of day care setting. Until this question is addressed more fully, in more detail and in a more representative range of day care settings it will remain unclear as to the precise reasons for and the generalizability of Powell's (1977) findings of "fragmentation and discontinuity" between children's homes and day care center environments. Further, research in this area must address the wider implications of Molnar's (1982) assertion that "mothers choosing one type of care over another have different sets of priorities regarding what is important in a child care arrangement" (1982, abstract). The psychological and sociological origins of those priorities and the interaction of those priorities with parents' selection of, perceptions of, and satisfaction with their current day care arrangements are among the pressing questions the current study was designed to address. In the following sections we first briefly describe the methodology of the study and then present the findings of the study.

PROJECT DESCRIPTION

The Victoria Day Care Research Project (VDCRP) is a longitudinal study of the ecology of day care in a mid-sized (250,000) Canadian city. Three types of day care were examined: licensed center day care, licensed family day care homes, and unlicensed family day care homes. Within each of the three types of day care arrangements, triads of child-caregiver-parent comprised the "subject grouping". It was necessary when recruiting the study sample that all three members of an individual day care arrangement agree to participate in the study before data was collected.

Data reported in this article are derived from one hour interviews conducted with mothers in an equal number of one and two parent families across the three types of care.(1)

Subject Population

Subject triads in all three groups were formed through first approaching caregivers. Caregivers names and addresses in the two licensed groups (licensed centers and licensed homes) were obtained through the local licensing authority. Caregivers in the unlicensed groups were recruited in a number of ways including: 1) access to the local licensing authorities' list of "approved but unlicensed" homes, 2) follow-up of ads placed by caregivers in neighborhood and city papaers, 3) names obtained

from community bulletin boards throughout the city, and 4) word of mouth identification.

Initial contact with caregivers ascertained the number of children (if any) aged 2 1/2 to 5 years of age in care for more than 25 hours a week, and who had been in that setting for at least the previous 6 months. Parents of the children fitting the above description were then contacted to obtain their permission and willingness to participate in the study. Children and families were selected to participate in the study on the basis of approximately equal numbers of boys and girls and approximately equal numbers of one and two parent families across the three types of care studied. Through that procedure an intial number of 126 subject triads were formed. Table 1 indicates the subject population in the study by type of care, by family structure, and by sex of target child.

Insert Table 1 about here

Equivalence of the three type-care groups was established across various family and child variables as demonstrated in Table 2. The only significant differences between the three groups on these variables were: 1) children in the CDC group are approximately 11 months older than the two FDC groups, and related to the first point, 2) children in CDC had been in care approximately 18 months longer than the LFDC children. The

groups were equal on: age began care; weekly hours in care; hours mother worked; mothers' age, education and income levels; and mothers' current occupational level. The two parent families across the three types of care were also equal on partners' income and occupation level.

Research components

The VDCRP data were collected from each research triad by the following methods: an hour-long structured interview of the child's mother; a separate hour long interview with the child's caregiver; and a short interview with the child. A series of three developmental outcome measures were administered. Two of the outcome measures assessed language skills: the Peabody Picture Vocabulary Test--Revised (Dunn and Dunn, 1981) and the Expressive One-Word Picture Vocabulary Test (Gardner, 1979). In addition problem-solving and interpersonal relationship skills were addressed with an adaptation of the Preschool Interpersonal Problem Solving Test (Shure, Spivak & Jaeger, 1971).

A team of observers completed approximately four hours of observation of the child in his or her day care site. These observations consisted of time-sampled recordings of behaviour during care and also an assessment of the day care site using either the centre-oriented Early Childhood Environment Rating Scale (Harms & Clifford, 1980) or the Day Care Home Environment Rating Scale (Harms, Clifford & Belkin, 1982).

Table 3 provides an overview of the research components which were designed to yield information about the developmental levels of the children, the physical and social characteristics of the day care environment, and family and caregiver background, experiences and attitudes. The time-frame over which data were collected is also presented.

Insert Table 3 about here

The focus of the data presented in this report is on similarities and differences among parent groups utilizing the three types of care under study: licensed center (group) day care (CDC); licensed family day care homes (LFDC); and unlicensed family day care homes (UFDC).

RESULTS

The data in this section will be presented in the order of the research questions identified above:

(a) Parental preferences and attitudes towards day care alternatives and their own current day care arrangements.

(b) Parental search strategies, selection of care and the interface of day care and employment patterns.

(c) Parental perceptions of the day care arrangement and characteristics of and satisfaction with the caregiver.

(d) Parental attitudes towards employment, working mothers and desired changes in day care services and benefits.

In this section parental responses have been analyzed primarily by means of the z test of independent proportions (Glass & Stanley, 1970). Specific levels of significance have been indicated on the accompanying tables. For ease of reporting results within the text, all results cited as significant are those reaching an alpha level of at least .05.

(a) Parental preferences and attitudes towards day care alternatives and their own current day care arrangements

Two approaches were used in asking parents about their day care preferences and reasons for those preferences. In the first case

the questions were posed in a more hypothetical manner: "If quality were held equal across caregiving types, what type of care would you prefer for your child?" Parents then indicated their reasons for their stated preferences. In the second case the question related more specifically to their current day care arrangement and why they selected that arrangement. Analyses of these data revealed two major patterns. First, within each group there was a high degree of consistency between their responses to the hypothetical and to the specific questions. Second, there were significant differences between the users of different types of care on their preferences for types of care and their reasons for those preferences.

As shown in Table 4, FDC users preferred family day care far more frequently than CDC users for every preschool age group. Conversely, CDC users preferred center care significantly more than FDC users. Significant differences between the groups also emerged when their reasons for preferring different caregiving arrangements were examined. For example, when responses to why parents would prefer a certain type of care specifically for 3 year old children (the age at which most centers accept children in Victoria) CDC users cited "same-aged peers" and "intellectual stimulation" significantly more frequently than FDC users (see Table 5). FDC users expressed greater interest in "home-like, caring atmosphere" than did CDC users.

INSERT TABLES 4 & 5 ABOUT HERE

These findings are supported and extended by the analysis of parental responses to questions regarding their current day care setting. As seen in Table 6, in seeking out their current day care arrangement, parental biases towards specific types of arrangements are revealed. Again, the vast majority of CDC (83.3%) users cited their preferences for center care while most LFDC (82.1%) and a smaller majority of UFDC (60.6%) preferred some form of family day care. It is interesting to note that the UFDC users appear to be somewhat less committed to their current arrangments in contrast to the other two groups. Evidence of this can seen both in their slightly lower overall preference for family day care as well as the greater frequency with which they reported that they would "take anything" (12.1%) or that they have "another preference" (12.1%).

INSERT TABLE 6 ABOUT HERE

The three groups differ quite significantly in their reasons for supporting their stated preferences. As seen in Table 7, center users are heavily influenced by "program being offered", while family day care users stress the selection of care more on "caregiver characteristics." As was seen above when the question was posed in a more hypothetical manner, "cost" is not a major

reason for selecting a certain type of care. Similarly, having "no other choice" was not a factor in preferring or selecting a caregiving arrangement. It should be noted, however, that "logistical considerations" is a concern for all three groups (LFDC=17.9%, UFDC=24.2%, CDC=29.6%). The ways in which these logistical considerations interact with other factors, specifically, how day care fits into parental work patterns as well as a family's formal and informal resources, will be considered in subsequent sections.

INSERT TABLE 7 ABOUT HERE

Taken together, these data indicate that although the three groups of day care users are comparable on most indices of social, economic and family structure variables, there are significant differences in their perceptions of, preferences for and reasons for preferring specific day care alternatives.

(b) Parental search strategies, selection of care and the interface of day care and employment patterns.

Respondents were asked what steps they had taken to locate their current day care arrangement. As indicated in Table 8, the most common steps taken for all three user groups were "discussed with friend" and "contacted a government agency." Least common for all three groups were "using bulletin boards and "speaking

with previous caregiver. Despite the fact that elsewhere in the interview approximately 75% of all respondents reported that they had relatives in the city, there was relatively little contact with these relatives (28.5% across all three groups) as part of the search for child care.

INSERT TABLE 8 ABOUT HERE

Two group differences did appear in "steps taken to locate care." As expected, a greater proportion of CDC parents (66.7%) reported that they had "contacted a day care center" as opposed to the small percentage of UFDC (30.3%) and LFDC (28.2%) parents. A second significant difference appeared with UFDC users were much more likely to use newspapers (69.%) than were either the LFDC (43.6%) or CDC (35.2%) users.

In terms of completing the selection process there were no significant differences between the three groups of parents. For all respondents the following steps were undertaken in decending order of frequency: visited day care location (99.2%), interviewed caregiver (91.2%); checked out other alternatives (46.0%); asked for references (24.6%).

As reported in the previous section, "logistical" considerations were a major factor in parents' preferences for their current day care arrangement. One such major consideration

is how working parents' get their children to and from day care in the course of their work day. In examining parents' responses to a series of questions on their daily travel time from home to day care and work the data showed that a higher percentage of UFDC parents (75%) live within a five mile drive of their day care setting than either CDC (41%) or LFDC (36%) parents. It is interesting to note that no UFDC child rides for more than 25 minutes to get to day care while 10.3% of LFDC and 9.3% of CDC children ride for 30-60 minutes to get to care each morning. On the second leg of the morning drive, from day care to work, the UFDC parents travel further than do parents in the other two groups. Specifically, they (UFDC) are less likely to have a drive of under five minutes (UFDC=6.5%, LFDC=18.9%, CDC=30%) or under ten minutes (UFDC=38.8%, LFDC=40.5%, CDC=58%) to work. These data indicate that children in unlicensed family day care are more likely to be cared for in or near their own neighborhood while LFDC and CDC children tend to be cared for closer to the work site.

(c) Parental perceptions of the day care arrangement, parental perceptions of and satisfaction with the caregiver.

Parents in the three groups were asked how well they knew their caregivers both at the beginning of the arrangement as well as at the time of the interview. The majority of parents across all three groups (72.2%) reported that at the beginning of the arrangement they knew their caregivers "not at all". No

significant differences between the groups were revealed. However, when questioned about the current nature of the relationship, significant differences between home and center users did emerge (see Table 9). Home users reported closer personal relationships with their caregivers than did center users. Consistent with this finding, significantly more LFDC (82.1%) and UFDC (72.7%) parents claimed that they spoke with their caregiver "often" than did CDC (51.9%) parents. When asked to predict the future course of the relationship, FDC parents again demonstrated evidence of closer relationships with their caregivers. Significantly more UFDC (93.9%) and LFDC (84.6%) parents said that they would "keep in touch" with their caregivers than did CDC (29.6%) parents.

INSERT TABLE 9 ABOUT HERE

Approximately equal proportions of parents in the three groups reported that they had observed their children in the day care setting (CDC=64.8%, LFDC=59%, UFDC=51.5%) but the groups differed in their impressions of those activities which were "best handled" and which "needed improvement" (see Tables 10a and 10b). CDC parents rated story-time, music, and arts and crafts significantly more often as "best handled" than did parents with children in the two FDC groups. Conversely, quiet-time and meal-time were given significantly higher ratings by the FDC

parents than the CDC parents. It is interesting to note that the CDC parents rated these "traditional" preschool/day care activities more highly than did the FDC parents who tended to judge those areas, particularly word, number and letter activities as "needing improvement." These data can also be seen as consistent with earlier data noting CDC parents' type-care selection preference reported that the day care "program" and "intellectual stimulation".

INSERT TABLES 10A AND 10B ABOUT HERE

Parents were asked a series of questions regarding what their children liked best and least about the current setting and what they as parents thought were the positive and negative aspects of the day care experience for their children. As shown in Table 11, the parents in the CDC (66.7%) and LFDC (53.8%) groups claimed that the "activities" at day care were what their child liked best. These percentages were significantly higher than the 39.4% of UFDC parents who cited "activities." The same pattern emerged when significantly more LFDC parents (35.9%) than UFDC parents (18.2%) identified the "caregiver" as what the child liked best. The CDC parents fell somewhere in between the two FDC groups on this variable and were not statistically different from either. No significant differences between the groups emerged in response to the question as to what the child liked

least about the day care experience.

INSERT TABLE 11 ABOUT HERE

It should be noted that when the question was rephrased in order to ascertain the parent's perceptions of the positive and negatives of their current day care arrangement, the opposite pattern emerged. That is, no group differences were found on perceived positive benefits of the experience but significant differences were found on perceived negative outcomes (Table 12). In terms of positive benefits, a majority of parents in all three groups (72.5%) identified a range of "child-centered" outcomes (ie enhancement of child self-confidence), while fewer parents in all three groups cited such factors as learning of academic skills (26.4%) and custodial care (16.6%).

Negative effects of day care were perceived differently by FDC and CDC user groups. As shown in Table 12, FDC parents cited concern for their child's "emotional well-being" as well as their own sense of "parental guilt" significantly more frequently than did CDC parents. Conversely, CDC parents complained of "negative peer influences" significantly more than did FDC parents. These particular differences between the CDC and FDC groups are noteworthy when seen in the context of the data reported above on parents' reasons for preferring different modes of care and on the nature of the relationship they shared with the caregiver.

For example, CDC parents claimed that the presence of same-aged peers was an important reason for preferring center care for 3 year olds. Yet it is precisely "negative peer influences" which CDC parents report as a "negative effect" of day care for their children. Further, FDC parents had claimed that the caregiver herself as well as a "home-like, caring atmosphere" were important reasons for preferring family day care. These parents also reported much closer relationships with their caregivers. Despite these personal preferences and relationships with their children's caregivers, it is interesting to note that FDC parents were significantly more concerned about their children's "emotional well-being" and felt more "parental guilt" than did CDC parents.

INSERT TABLE 12 ABOUT HERE

The final set of data to be considered in this section are those relating to parental perceptions of and satisfaction with their current caregiver. As background, parents were first asked about the stability of their previous caregiving arrangements. Almost three times as many FDC parents as CDC parents reported at least one breakdown in caregiving arrangements in the previous six months. Only 11% of the CDC parents reported such breakdowns while 33.3% of UFDC and 38.4% of LFDC were in this category.

In terms of their current arrangements parents were first read

a set of statements regarding their caregiver and were asked to indicate whether the statements were generally "true" or "false". As shown in Table 13, there were two significant differences between groups. First, LFDC (79.5%) and CDC (70.4%) parents agreed that their caregiver "devotes most of her time doing things with my child" much more frequently than did UFDC parents (51.5%). Second, LFDC parents (48.7%) agreed that their caregiver "ought to be given specific instructions" significantly more frequently than did the CDC parents (22.2%).

INSERT TABLE 13 ABOUT HERE

In order to more closely examine parents' impressions of their caregivers respondents were given 2 sets of questions regarding their perceptions of and satisfaction with the caregiver. In the first set (see Table 14 A) parents were given a list of descriptive statements and asked to indicate their degree of agreement (1=strongly disagree, 4= neither agree nor disagree, 7= strongly agree). In considering these data it must be pointed out that there were few polar differences between the groups. There were, however, significant differences between the groups in the extent to which they agreed with these statements. Thus, while CDC parents (2.80) strongly rejected the wish that their caregiver "should spend more time with my child", UFDC parents (3.75) exhibited significantly more ambivalence than CDC parents

on this issue. The same pattern appears in response to the statement that the caregiver "doesn't give the children enough to do" which, again is strongly rejected by both LFDC (1.75) and CDC (1.35) parents, but less so by UFDC parents (2.41). Conversely, while parents in all three groups expressed satisfaction with their caregiver's training and qualifications, the level of satisfaction was significantly higher in the two licensed groups (LFDC and CDC) than in the unlicensed group.

In the second set of questions parents read a list of caregiver qualities and character traits and were asked to rate their own caregiver (1= not at all, 4= somewhat, 7= very) on these qualities. As shown in Table 14 B, most parents in all three groups thought that most of these characteristics were found in their own caregivers. Again, however, differences did appear in the extent to which they were found with CDC parents giving their caregivers higher ratings than did the parents in both FDC groups on the qualities of: creative, energetic, calm, neat, and organized. Further, CDC parents rated their caregivers significatnly higher than did UFDC parents on the qualities of calm, firm about rules, and motivated.

INSERT TABLES 14A AND 14B ABOUT HERE

The data presented to this point begin to suggest the complexity, and to some extent, ambiguity, in parents'

relationship to the day care experience. In all three types of care specific sets of "good news/bad news" patterns appear to reflect the complex interaction of values, wishes and realities of their children's current day care arrangements. These interactions are addressed in more detail in the discussion section of this paper.

(d) Parental attitudes towards employment, working mothers and desired changes in day care services and benefits.

The mothers in the study read a set of statements concerning attitudes towards working mothers in general, their own work patterns and the consequences of maternal work on children and families. They were asked to indicate their degree of agreement (1=strongly agree, 7=strongly disagree) with these statements. As seen in Table 15, the three groups of mothers were largely supportive of maternal employment, even in cases where it was not based primarily on a family's economic need; they also believed that the children of working mothers do not necessarily suffer any negative effects as a result of maternal employment. There were only two significant differences between the three groups of mothers. CDC mothers indicated somewhat higher enjoyment of their daily work routines than did LFDC mothers and CDC mothers tended to agree more strongly than LFDC mothers with a statement regarding the need for fathers to take increased responsibility for a family's child care needs.

INSERT TABLE 15 ABOUT HERE

Respondents were asked to indicate the three day care related services or benefits which would be of greatest assistance to them. The mean response rates for each are presented in Table 16. When the most frequently (over 40%) and least frequently (under 15%) cited services/benefits are examined, somewhat different priorities for each of the three groups are revealed. The most frequently cited services for LFDC parents were after school care (56.4%) and part time day care (41%). UFDC parents cited day care in the work place (51.5%) and extended maternity benefits (45.5%). CDC parents agreed with LFDC parents on after school care (61.1%), and with UFDC parents on day care in the work place (42.6%). CDC parents also ranked group care for infants (40.7%) higher than parents in the two FDC groups. All three groups ranked paternity leave as a low priority in contrast to the uniformly strong support that "increased father involvement" found in Table 15. CDC and LFDC parents cited better training for caregivers very infrequently. UFDC parents rarely mentioned having all day care services regulated and CDC parents rarely cited regular inspections of day care facilities.

INSERT TABLE 16 ABOUT HERE

Related to the question of services and benefits which would assist families with their day care needs were a set of questions regarding mothers' perceptions of their ideal or preferred work schedules. The options included having a full-time job outside the home, staying at home with their children, working part-time outside of the home and "other." As shown in Table 17, mothers in all three groups overwhelmingly preferred part-time work outside the home. Relatively few LFDC mothers preferred working full-time outside of the home, an option preferred by signficantly more UFDC and CDC mothers.

INSERT TABLE 17 ABOUT HERE

DISCUSSION

The results of the study present a kaleidoscope of images. Each of the types alternately emerges as unique in some way then merges in character with one or both of the others. Parental factors and care-types interweave through variables of preference, satisfaction, program and relationship. For some of the data a division along lines of center care/family care emerges; for other sections licensing seems to play a major role in distinguishing among the three. Each of the three types of care and their shifting lines of similarity and difference will be considered in the following discussion.

Center Day Care (CDC)

Center care/family care is the most often cited classificatory point of differentiation in the day care literature. Differences between the two types of care are readily apparent to the most casual observer (although even this demarcation may blur when family care group size moves beyond six or seven children and a home based center has 10 or fewer children in care). In the VDCRP no family day care program exceeded six children (typically 3 to 4 children in care), and no center program had less then 18 children in care with a compliment of three staff or more.

Centers were readily apparent as unifunctional facilities, and homes as domiciles cum caregiving.

Center parents and family care parents in the VDCRP can be differentiated from each other both on the basis of their general preference patterns for certain types of care and on the basis of their specific selection criteria for their current care. Cost of care and program availability were not significant selection factors while inherent characteristics of the arrangement were significant. These data support Molnar's findings that ". . . for mothers choosing center care, the most desireable characteristics of it were its activities and learning experiences; mothers choosing family day care focussed on aspects of the setting and attributes of the caregiver." (1982, p. 9).

Communication patterns between parents and caregivers were significantly different between center parents and family care parents. Although there were no significant relationship differences at the beginning of the arrangement (in all three types of care the majority of parents did not know the caregivers), at the point of the interview family care parents were much more involved with caregivers in an exchange of various types of information beyond "in a business way" and often on a "good friend" basis. Powell's center-based findings (1978) of discontinuity between parents and caregivers was in large part found in the VDCRP center group as well, but a very different pattern of relationship and communication emerged for the FDC

groups.

Closer ties between the FDC parents and caregivers did not, however, translate into a higher number of similar perceptions regarding the care being offered. Center care consistently emerged stronger (often significantly so) in the eyes of the parent-users for quality of program (Table 10), and in higher regard for caregiver characteristics (Table 14b). Parent guilt is lowest among center users, as is concern for the child's well-being.

Areas of concern for center parents focus around negative child behavior and negative aspects of peer influence. The latter concern is paradoxical insofar as increased peer contact is listed as a major reason for selecting center care. That anomaly is characteristic of the "good news/bad news", bitter-sweet nature of choosing and using any caregiving arrangement. It is apparent from the data that there are positive and negative features associated with each of these caregiving arrangements, and it appears that parents are by-in-large aware of the trade-offs involved as indicated by their checkered reports of programs' strengths and weaknesses.

A final characteristic of parents' perceptions of center care, before considering LFDC, would note that across all three parent groups the older the child, the more appropriate is deemed center-care. (Table 4). This shift is most pronounced and occurs

at the earliest ages for center-users, but is a strong, general pattern for all three groups.

Licensed Family Day Care Homes (LFDC)

Examining the various tables presented, the LFDC parents often appear as a "swing group", forming a family care/center care axis on some occasions and at other times creating a licensed care/unlicensed care division. On certain variables, the LFDC are uniquely their own and grouped with neither of the other two types.

Many of the CDC/FDC divisions have been presented in the preceding section. Additional aspects of the LFDC character are seen when LFDC lies midway between center care and unlicensed family day care such as occurs with positive descriptions of the caregivers (Table 14). Although all three groups report agreement with these positive characteristics, the LFDC parents are consistently "in the middle" between the more positive center parents and less positive UFDC parents. This pattern of being in the middle holds in general for many of the "needs improvement" aspects of the program (Table 10). The LFDC parents are similarly "between" the other two groups as regards being "good friends" with the caregiver (Table 9).

Licensed family care parents move out of the "in-between" spot to the end position of the three part spectrum on some issues related to work involvement and to negative effects of care.

LFDC parents are significantly less likely to prefer full-time work outside of the home than are either UFDC or CDC parents, and they are much more desirous of staying at home than are either of the other two groups. Similarly, although all three groups respond somewhat positively to "I like the daily routine of work," (Table 15), the LFDC are significantly less positive than the CDC parents.

There is a significant difference between LFDC and CDC parents on "parent's guilt" as a negative effect of care; on this item and on "no negative effect" of care, LFDC parents are in the more extreme position with UFDC "in the middle", although there is not a significant difference between LFDC and UFDC.

LFDC are more certain in their support for FDC for children ages 1, 2, and 3 than are the other two groups (significantly more so than CDC) (Table 4).They were also more committed to the use of family day care, in particular LFDC, at the outset of their search for care.

Returning to the beginning of the LFDC discussion, the LFDC seems in many aspects a mid-way phenomena between CDC and UFDC from a program perspective, but it is somewhat unique in its parent population. These are parents who by-in-large work full-time, but who don't want to work full-time; compared to the other two groups, a larger percentage of these parents would prefer to be at home; and thirdly, a larger percentage of them

feel guilt as a negative aspect of using caregiving.

Insofar as there are no significant socio-economic differences between parents in the three parent groups (Table 3), one is left to consider if there are possible exo-system (governmental and licensing) variables intervening and effecting this parent and caregiver group. On closer examination it was determined that LFDC caregivers do have a unique relationship with government. Unlike CDC caregivers who receive training primarily from local colleges (9-12 month training programs) and UFDC caregivers who are not required to possess a certificate and who have very limited, if any, contact with government, LFDC caregivers must attend initial training/orientation sessions and must maintain a much closer liason with government representatives. In addition LFDC caregivers are expected to hold business licences which puts them in further contact with governmental bodies.

Informal reports regarding LFDC training/orientation sessions indicate the possibility of trainer attitudes influencing the caregiver-parent relationship. Comments recorded by two potential LFDC caregivers included: "Remember, you are literally raising some one else's child . . ." and "You are not to provide care beyond 'normal working hours' for reasons such as 'getting her hair done, doing grocery shopping, or going for a drink on payday.'" This information was not gathered as a formal part of the VDCRP study, but it does highlight an aspect of the exosystem which could impact on the caregiver-parent relationship and

should be included in later studies.

Unlicensed Family Day Care (UFDC)

Although a part of the UFDC group was recruited from lists of "approved" homes kept by the local day care information office, these caregivers receive no specific "training" from that office and have limited contact with the Ministry responsible.

The UFDC caregivers represent the least governmentally "influenced" group of caregivers. Many have no contact with government officials at all and recruit prospective parents in various informal ways or use the local newspaper. Relationships between parents and caregivers are the most likely to be described by parents as "good friends". UFDC caregivers are much more likely to live within a five minute drive of the child's home. The image that emerges of the UFDC homes is one of the "neighbourhood sitter". In many cases these "sitters" are women who themselves have their own young children at home.

Parents using UFDC were less specific in what type of care they desired initially than either LFDC or CDC people, but they share with LFDC a strong belief in the preferability of family day care over center day care for children aged 1 and 2. However, with UFDC parents there is a marked decline in support for family care at the 3 year old level (39.4%) as compared to LFDC's continued strong support for family care (56.4%).

Although there is a greater percentage of "good friends" relationships in the LFDC groups, LFDC parents are less positive in their perception of positive characteristics in the caregiver. UFDC caregivers themselves are less likely than LFDC caregivers to be cited as the aspect of care their children like best about care (Table 11); UFDC parents are more likely to indicate that their child likes best, "nothing in particular".

Parental guilt is somewhat less among UFDC parents than LFDC parents, but concerns about "child's well-being" are greater (significantly more so than CDC parents). UFDC caregivers are significantly more likely to be seen as devoting less of her time to the child while providing care than are LFDC or CDC caregivers (Table 13), and a much greater percentage of UFDC parents feel that "if the caregiver did not have young children of her own she would not look after other peoples' children." In addition there is a greater level of concern among UFDC parents that the caregiver does not give the child enough to do (Table 14a).

In contrast to the LFDC parent group, where tensions regarding caregiving arrangements in large part appear to be generated from work participation concerns, a greater level of program and "child-attending" concerns are evident within the UFDC parent group. The "arrangement" concerns evidenced in the UFDC group are less apparent in the LFDC parents and stand in sharp contrast to the generally strong levels of arrangement and program support evidenced by CDC parents.

SUMMARY

Although parents are often "silent" in day care studies, data from the VDCRP would indicate that parents' actions in selecting and in using various day care arrangements often speak for them. Center-users have preferences for center care as family care users have preferences for family day care. User groups are less distinguishable by socio-economic factors than by care-giving philosophies and values. Child age influences type of care desired, but within a given age group parents roughly divide on "program" versus "characteristics of caregiver" preferences.

There are trade-offs associated with using any given type of care, as there is good news and bad news throughout much of family life. Politics has been described as the "art of compromise", and politics within families involves compromise as well; not only must the unique needs of the child be considered, but the employment demands of parents and the activities of other family members enters into the list of considerations as well. The child care needs of a family with overlapping work schedules is different than that of a family with non-overlapping schedules or a family with one full-time and one part-time employed parent. Overlaying the variable mosaic of parental employment is that of the schedules and routines of other children in the home. Consider, for example, a family with one second grader, a

kindergartner, and a preschooler all of whose schedules must interact with the various employment patterns cited above; the list of considerations enlarges exponentially. Realizing then that the above interactional hive of considerations is viewed differentially through the various philosophical/belief lenses that any given parent or set of parents may possess, and the true ecologically complexity of day care begins to emerge.

Research or policy questions which posture an answer to "What type of day care is best?" appear extremely limited against an ecological backdrop. The complexity of day care and day care selection is more appropriately viewed as that of a "best fit" as opposed to a singular definition of "best". Any given family's best fit will be unique even though the type of care they use may be the same as another family's. A best fit implies consideration of fit at many different points: child, parent, caregiver, neighborhood, community, beliefs and values.

Parents are the ultimate mediators of best fit in most families as regards day care, yet their voices are strangely silent in the majority of day care studies. To better understand day care, these "silent partners" must be heard.

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NOTES

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(2) A related sub-study to the VDCRP, data collection undertaken by a male child care worker, focused on interviews of 15 fathers (five from each type of care) selected from two parent families.

TABLE 1

Subject Pool of the Victoria Day Care Research Project
by Type of Care, Family Structure and Sex of Target Child

	One-Parent		Two-Parent		Total
	Boys	Girls	Boys	Girls	
LFDC	11	12	6	10	39
UFDC	6	8	11	8	33
CDC	15	13	13	13	54
Total	32	33	30	31	126

Table 2

Background Information on Subject Pool in the Victoria Day Care Research Project

	LFDC	UFDC	CDC	
Age of Child (b)	38.81	39.78	50.56	(a)
Age Began Care (b)	17.94	16.46	19.30	
Total Time in Care (b)	20.86	23.81	31.26	(a)
Time in Current Care (b)	12.28	13.81	13.18	
Hours Mother Works/Week	34.33	33.38	36.34	
Mother's Age (Years)	28.52	28.51	30.32	
Mother's Ed. Level (c)	35.00	3.65	3.96	
Mother's Income Level (d)	3.05	3.22	3.30	
Mother's Job Level (e)	3.28	3.20	3.34	
Partner's Ed. Level (c)	3.55	3.38	4.75	(a)
Partner's Income Level (d)	5.10	4.42	5.09	
Partner's Job Level (e)	3.09	3.33	3.29	

Notes:

(a) CDC > LFDC, UFDC $p < .001$ (one way ANOVA)
(b) All child related variables are in months.
(c) Education level scale: 1 = grade school, 2 = some higher school, 3 = high school graduate, 4 = some junior college or technical school, 5 = junior college graduate, 6 = university graduate.
(d) Income level scale: 1 = less than $5,000, 2 = $5,000 - $8,999, 3 = $9,000 - $14,999, 4 = $15,000 - $19,999, 5 = $20,000 - $24,999, 6 = $25,000 - $29,999, 7 = $30,000 and over.
(e) Based on modified Blishen scale.

Table 3

Data Gathering Components of the
Victoria Day Care Project
with Timeline

Parent Interviews	1-1½ hr. interview covering demographic information, opinions on working and day care options, child's day care history, satisfactions/dissatisfactions with day care	November
Caregiver Interviews	1-1½ hr. interview covering demographic information, caregiver's perception of parent and day care child, caregiver's search for day care children and demand for services	November
1st Child Development Measure	child questionnaire, preschool inventory of problem solving (PIPS), Peabody Picture Vocabulary Test-Revised, (PPVT-R), Expressive One-Word Picture Vocabulary Test (EOWPVT)	November, December
Observation of Day Care Site	Harms & Clifford Rating Scales, Child Observation Form, Caregiver Post-Impression Form, Child Post-Impression Form	January, February
2nd Child Development Measure	PIPS, PPVT-R, EOWPVT	April, May
3rd Child Development Measure	PIPS, PPVT-R, EOWPVT	September, October

Table 4

Type of Care Preferred for Four Age Groups
By Type of Care Currently Used[a]

A. Day Care Center Preference

	1 year old	2 year olds	3 year olds	4 year olds
LFDC	2.6%	2.6%	38.5%	74.4%
UFDC	ø	ø	33.3%	66.7%
CDC	18.5%	33.3%	92.6%	98.1%
	N.S.	CDC > FDC p < .005	CDC > FDC p < .005	CDC > FDC p < .004

B. Family Day Care Home Preference

	1 year old	2 year olds	3 year olds	4 year olds
LFDC	94.9%	94.9%	56.4%	20.5%
UFDC	93.9%	90.9%	39.4%	24.2%
CDC	72.2%	61.1%	5.6%	1.9%
	FDC > CDC p < .01	FDC > CDC p < .005	FDC > CDC .001	FDC > CDC p < .001

Notes: (a) Differences computed using z tests for independent proportions

Table 5

Reasons for Preferring
Specific Types of Day Care
for 3 Year Old Children

By Type of Care[a]

	Peers	Home-Like/Caring Atmosphere	Intellectual Stimulation
LFDC	38.5%	48.7%	41. %
UFDC	39.7%	45.5%	51.5%
CDC	68.5%	20.4%	81.5%
	CDC>LFDC, UFDC p<.001	LFDC, UFDC>CDC p<.001	CDC>LFDC, UFDC p<.001

(a) Differences computed using z tests of independent proportions.

Table 6

Preferences for Type of Care at Outset
Broken Down by Care Currently Used

	NO PREF	TAKE ANYTHING	CDC	LFDC	UFDC	CARE IN OWN HOME	ANOTHER PREF.
LFDC	5.1	5.1	2.6	59.0	23.1	2.6	2.6
UFDC	6.1	12.1	3.0	3.0	57.6	6.1	12.1
CDC	9.3	ø	83.3	5.6	ø	ø	1.9

Table 7

Most Important Reason for Choosing Present Type of Care by Type of Care Currently Used(a)

	DUE TO PROGRAM	DUE TO CAREGIVER	DUE TO COST	ONLY CHOICE
LFDC	17.95	46.15	0.00	0.00
UFDC	6.06	57.58	0.00	0.00
CDC	40.74	20.37	0.00	0.00
	CDC>LFDC, UFDC $p < .001$	FDC, UFDC >CDC $p < .001$		

Notes: (a) Differences computed using z tests of independent proportions.

Table 8

Steps Taken in the Past to Locate Day Care
By Type of Care Currently Used

	DISCUSSED WITH RELATIVE(S)	DISCUSSED WITH FRIEND(S)	DISCUSSED WITH NEIGHBOUR	DISCUSSED WITH PREVIOUS CAREGIVER(S)	CALLED DAYCARE CENTRE(S)	CALLED GOVT. AGENCY	USED BULLETIN BOARD(S)	USED NEWSPAPER AD(S)
LFDC	28.21	76.92	20.51	17.95	28.21	76.92	12.82	43.59
UFDC	33.33	75.76	36.36	15.15	30.30	72.73	6.06	69.70
CDC	25.93	68.52	25.93	25.93	66.67 CDC > LFDC UFDC	70.37	14.81	35.19 UFDC > LFDC CDC

Table 9

Current Relationship with Caregiver by Type of Care Currently Used[a]

(Q: How well do you know your child's caregiver)

	Not at all	In a business way	Discuss matters other than care	good friends
LFDC	0%	15.4%	64.1%	20.5%
UFDC	0%	5.1%	60.6%	33.3%
CDC	3.7%	42.6%	38.9%	14.8%
		FDC vs. CDC $p<.0001$	FDC vs. CDC $p<.01$	N.S.

(a) Differences computed using z test of independent proportions.

Table 10A

"Best Handled" Day Care Activities by Type of Care

	STORY TIME	MUSIC AND LISTENING ACTIVITIES	ARTS AND CRAFTS	QUIET TIME	OUTDOOR PLAY	WORD, LETTER AND NUMBER ACTIVITIES	PUZZLES AND GAMES	MEAL TIME	DRAMATIC PLAY
LFDC	20.51	30.77	53.85	33.33	84.62	7.69	23.08	33.30	2.56
UFDC	21.21	30.30	45.45	30.30	72.73	12.12	24.24	39.40	15.15
CDC	42.59	48.15	66.67	9.26	70.37	12.96	11.11	14.80	7.41
	CDC>FDC $p<.01$	CDC>FDC $p<.05$	CDC>FDC $p<.05$	FDC>CDC $p<.005$				FDC>CDC $p<.01$	

Table 10B

Day Care Activites which most "Needed Improvement"
by Type of Care

	STORY TIME	MUSIC AND LISTENING ACTIVITIES	ARTS AND CRAFTS	QUIET TIME	OUTDOOR PLAY	WORD, LETTER AND NUMBER ACTIVITIES	PUZZLES AND GAMES	MEAL TIME	DRAMATIC PLAY
LFDC	17.95	30.77	15.38	12.82	7.69	41.03	10.26	7.69	20.51
UFDC	27.27	39.39	27.27	6.06	9.09	54.55	15.15	0.00	39.39
CDC	7.41	20.37	3.70	22.22	5.56	27.78	16.67	13.0	25.98
						UFDC>CDC $p<.05$			

Table 11

What Child Likes Best and Least
About Day Care by Type of Care Currently Used(a)

	BEST						LEAST					
	peers	c.g.	activities	everything	nothing in particular	don't know	nap time	don't know	routines	compliance/ discipline	specific activities	other children
LFDC	51.3%	35.9%	53.8%	2.6%	2.6%	2.6%	7.7%	15.8%	2.6%	5.1%	0%	21.1%
UFDC	54.5%	18.2%	39.4%	0%	12.1%	0%	15.2%	15.2%	0%	9.1%	0%	9.1%
CDC	44.4%	24.1%	66.7%	18.5%	1.9%	1.9%	24.1%	3.7%	5.6%	5.6%	5.6%	5.6%
		LFDC>UFDC $p<.05$	LFDC, CDC>UFDC $p<.05$									

(a) Differences computed using z tests of independent proportions.

Table 12

Parentally Perceived Negative Effects of Day Care by Type of Care(a)

	behaviour	child's emotional well-being	peer influence	parent's guilt	physical well-being	none	other
L.F.D.C.	12.8%	25.6%	10.3%	28.2%	12.8%	20.5%	21.1%
U.F.D.C.	12.1%	42.4%	15.2%	15.2%	12.1%	30.3%	6.1%
C.D.C.	18.5%	9.3%	35.2%	7.4%	9.3%	42.6%	7.4%
		UFDC>LFDC CDC $P<.005$	CDC>FDC $p<.01$	FDC>CDC $p<.05$			

(a) Differences computed using z tests for independent proportions.

Table 13

Percentage of "True" Responses Regarding Their Children's Caregivers By Type of Care(a)

	LFDC	UFDC	CDC	
If I give instructions that my child is only to watch "Sesame Street", I am confident that my caregiver follows my instructions.	94.9%	93.9	64.8%	
My caregiver is stricter about rules than I am.	48.7	42.4	53.7	
My caregiver has an easy-going manner towards the children.	94.9	87.9	94.4	
My caregiver devotes most of her time doing things with my child while she is caring for him/her.	79.5	51.5	70.4	LFDC,CDC> UFDC $p<.05$
I believe my caregiver ought to be given specific instructions as to what is wanted and expected in providing care for my child.	48.7	36.4	22.2	LFDC>CDC $p<.01$
I often ask my caregiver advice on how to handle my child.	38.5	24.2	35.2	
I feel that I receive good service from my caregiver for the money I pay her.	100	100	98.1	
If my caregiver didn't have young children of her own, she probably wouldn't look after other people's children.	0	33.3	1.9	
She is not the type to lose her temper with the children.	89.7	78.8	92.6	
She has a good understanding of what to expect of children.	97.4	93.9	98.1	
If she were having a problem with my child, I'm sure she would tell me without my asking.	97.4	97.	96.3	
I get little feedback from her unless I ask what has happened during the day.	20.5	9.1	18.5	

(a) Differences computed using z tests for independent proportions.

Table 14

Mean Responses on Parental Perceptions of Caregivers by Type of Care[a]

A - Descriptive Statements[b]	LFDC	UFDC	CDC
a. If I had it to do over, I'd choose this caregiver again.	6.30	6.15	6.66
b. We have a lot in common in what we expect of my child.	5.92	5.75	6.09
c. I wish my caregiver would spend more time doing things with my child.	3.17	3.75	2.86(c)
d. My caregiver understands my child's moods.	6.02	5.96	6.07
e. She doesn't give the children enough to do.	1.75	2.41	1.35(d)
f. She's someone you can count on in an emergency.	6.59	6.57	6.40
g. I feel entirely comfortable and happy leaving my child with this caregiver.	6.58	6.48	6.81
h. I am satisfied with my caregiver's training and qualifications to look after children.	6.66	6.06	6.66
i. I get the impression that my caregiver doesn't always feed my child the things I want him/her to have.	2.21	2.45	1.86
j. My caregiver likes my child.	6.58	6.57	6.69

Table 14B

B - Personal Qualities[e]			
a. creative and imaginative	5.43	5.50	6.23(f)
b. energetic (participates in my child's activities)	5.69	5.36	6.36(f)
c. healthy (seldom gets sick)	6.05	5.93	6.44
d. calm, subdued manner with my child	6.02	5.75	6.40(g)
e. friendly with children	6.04	6.36	6.69
f. firm about rules	6.34	6.00	6.65(g)
g. confident about how to deal with children	6.57	6.27	6.65
h. friendly with me	6.56	6.66	6.50
i. positive outlook	6.31	6.15	6.39
j. supportive with my child	6.38	6.42	6.62
k. neat and tidy	5.87	5.87	6.46(f)
l. motivation to look after children	6.34	6.09	6.61(g)
m. organized	6.10	5.60	6.75(f)

(a) Differences computed using one-way Anovas
(b) 12 strongly agree 7 = neither agree nor disagree 7 = strongly disagree
(c) UFDC>CDC $p<.05$ (d) LFDC,UFDC $p<.05$
(e) 1 = not at all. 4 = somewhat. 7 = very.
(f) CDC>LFDC, UFDC $p<.05$.
(g) CDC>UFDC $p<.05$.

Table 15

Attitudes Towards Work and Towards Mothers Working by Type of Care[a]

		LFDC	UFDC	CDC	
1.	I like the kind of work I am doing.	5.81	5.35	5.56	
2.	It doesn't really do most children harm to spend the day away from their mother.	4.73	4.84	5.44	
3.	Mothers shouldn't work unless they absolutely have to.	2.89	2.84	3.07	
4.	It is important for a child to have a mother who works outside the home as a role model.	3.21	3.69	4.05	
5.	On the whole, I think that most women can be better mothers if they work.	3.84	4.35	4.74	
6.	I like the daily routine of working.	4.39	4.96	5.28	CDC>LFDC, $p<.05$
		CDC>LFDC, $p<.05$			
7.	Fathers have not been involved enough in parenting in the past and ought to be.	5.74	6.18	6.33	CDC>LFDC, $p<.05$
8.	It is necessary to our family's economic survival that I work.	5.76	6.03	5.80	
9.	In order to get a little bit more than the basic necessities, I work.	3.75	4.00	4.01	
10.	It gives me a feeling of independence and self-satisfaction to work.	5.46	5.63	6.11	
11.	A mother who works misses the experience of seeing her children growing up.	4.17	4.12	4.11	
12.	Mothers who work neglect their children as a result.	2.15	1.63	2.38	

(a) Differences calculated using one-way ANOVA.

Table 16

Percentage of Responses to the Question:
"What Three Day Care Related Services/Benefits
Would Be Must Helpful to You?"

	LFDC	UFDC	CDC
Employers should provide group day care services in the work place.	20.5	51.5	42.6
All day care services hsould be licensed and regulated by the government.	30.8	3.0	18.5
There should be better training of day care centre supervisors and family day care operators.	20.5	12.1	9.3
There should be more group day care places available to part-time working mothers.	41.0	30.3	29.6
There should be regular inspections of day care sites by a government licensing branch.	17.9	15.2	9.3
There should be group day care for infants (from the time the mother returns to work after her six month maternity leave).	20.5	15.2	40.0
There should be after school day care provided in community centres or at the public schools.	56.4	39.4	61.1
Family day care homes should be assigned to specific day care centres for co-ordination of activities, mutual support and transfer of children at the age of 3.	20.5	39.4	24.1
Parents should be given a greater child care expenses tax credit than they now receive.	38.5	36.4	31.5
Legislation should extend maternal leave to nine months while ensuring the job security of the mother.	23.1	45.5	22.2
Employers should grant fathers the option of paternity leave equivalent to maternity leave.	7.7	6.1	56.0
Other (specify)			

Table 17

Preferred Work Schedule by Type of Care(a)

	Full-time outside home	Stay at home	Part-time outside	Other
L.F.D.C.	2.6%	15.4%	82.1%	0%
U.F.D.C.	15.2%	3.0%	78.8%	3.0%
C.D.C.	24.1%	1.9%	72.2%	1.9%

$p < .05$

(a) Differences computed using z tests for independend proportions.